



STATE OF MISSOURI
DEPARTMENT OF INSURANCE

APPLICATION TO RENEW CERTIFICATE OF AUTHORITY

P.O. BOX 690
JEFFERSON CITY, MISSOURI 65102-0690

INSTRUCTIONS

To be completed by all insurance companies/associations that desire to transact business in the State of Missouri. Check the appropriate boxes and complete all sections/parts of the application. The application must be signed by an authorized company official.

DUE DATE FOR FILING THIS APPLICATION - MARCH 1

SECTION A - TYPE OF APPLICATION

☐ RENEWAL ONLY

TO TRANSACT BUSINESS IN THE
STATE OF MISSOURI
DURING THE YEAR _____

SECTION B - IDENTIFYING DATA

FULL NAME OF INSURER

NAIC COMPANY CODE

HOME/LEGAL ADDRESS

MAIN ADMINISTRATIVE OFFICE ADDRESS

TELEPHONE NUMBER

()

MAIL ADDRESS

TELEPHONE NUMBER FOR LOCATION OF BOOKS & RECORDS

()

TELEPHONE NUMBER FOR STATEMENT CONTACT PERSON

()

SECTION C - LINES OF BUSINESS

☐ **A. LIFE AND HEALTH (Chapter 376, RSMo)**

- ☐ A1. Life, annuities and endowments (§376.010, RSMo)
☐ A2. Accident and Health (§376.010, RSMo)
☐ A3. Variable Contracts (§376.309, RSMo)

☐ **B. PROPERTY AND CASUALTY (Chapter 379, RSMo)**

- ☐ B1. Property (§379.010.1 (1), RSMo)
☐ B2. Liability (§379.010.1 (2), RSMo)
☐ B3. Fidelity and Surety (§379.010.1 (3), RSMo)
☐ B4. Accident and Health (§379.010.1 (4), RSMo)
☐ B5. Miscellaneous (§379.010.1 (5), RSMo)

☐ **C. HEALTH SERVICES CORP. (§354.010 - 354.380, RSMo)**

☐ **D. HEALTH MAINTENANCE ORGANIZATION (§§354.400 - 354.550, RSMo)**

☐ **E. PREPAID DENTAL PLAN (§§354.700, et seq., RSMo)**

F. MISSOURI MUTUAL (§§380.011 - 380.151, RSMo)

☐ **G. EXTENDED MISSOURI MUTUAL (§§380.201 - 380.601, RSMo)**

- ☐ **G1.** Fire (§380.261 (1), RSMo)
☐ **G2.** Windstorm (§380.261 (2), RSMo)
☐ **G3.** Liability (§380.261 (3), RSMo)
☐ **G4.** Crops (§380.261 (4), RSMo)
☐ **G5.** Other (§380.261 (5), RSMo)

☐ **H. TITLE (Chapter 381, RSMo)**

☐ **I. PROFESSIONAL MALPRACTICE ASSESSABLE (Chapter 383, RSMo)**

☐ **J. POLITICAL SUBDIVISION ASSESSABLE (Sections 537.620 - 537.650, RSMo)**

☐ **K. ASSESSMENT PLAN LIFE (Sections 377.010 - 377.190, RSMo)**

☐ **L. STIPULATED PREMIUM (Sections 377.199 - 377.460, RSMo)**

☐ **M. FRATERNAL BENEFIT (Chapter 378, RSMo)**

☐

N. OTHER (SPECIFY)

SECTION D - AUTHORIZED OFFICER SIGNATURE

TYPE NAME OF AUTHORIZED OFFICER

SIGNATURE OF AUTHORIZED OFFICER

TITLE

DATE